UMARY1

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DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIGN		First Named Inventor	LAKOWI	CZ, J.		
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number				
Declaration Submitted OR	Declaration Submitted after Initial Filing (surcharge	Filing Date				
		Art Unit				
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As the below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for whic	h a patent is sough	nt on the invention entitled:		
DADIATIVE DECAY EN	0.0.15550.10					
RADIATIVE DECAY EN	JINEERING					
,						
	(Title of the In	vention)				
the specification of which	(rido or aro m	vontiony				
is attached hereto						
OR						
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International		
L						
Application Number	and was amondo	d on (MM/DD/YYYY)		(if applicable)		
Application Number	and was amende	d on (MIMIDD/1111)	······	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

PTO/SB/01 (10-01)
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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been filed	for this unsigr	ed inventor	
Given Name Joseph R. (first and middle [if any])	Family Name CAKOWICZ or Surname				
Inventor's Signature				Date	
Ellicott City	MD	US		US	
Residence: City State Country Citizenship 10037 Fox Den Road Mailing Address					
Ellicott City	MD State	ZIP	21042	US	
			been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City	State	Count	ry	Citizenship	
Mailing Address					
O.L.					
City Additional inventors are being named on the	State supplemental Additi	ZIP onal Inventor(s) s	sheet(s) PTO/SB/0	Country O2A attached hereto.	

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Lakowicz, J.	
Title	Radiative Decay Engineeri	ng
Group Art Unit		
Examiner Name		
Attorney Docket Number	UMARY1	

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Stateme	nt under	37 CFR 3.73(b) is e	enclosed. (Form P	.т т. ГО/SB/96).		
			Applicant or Assign			
Name	Josej	ph R. Lakowicz				
Signature						
Date			· · · · · · · · · · · · · · · · · · ·			
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□ *Total of		ms are submitted.				
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